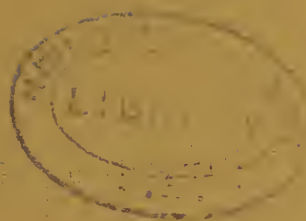




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DAWLISH URBAN DISTRICT COUNCIL

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ANNUAL REPORT
OF THE
MEDICAL OFFICER OF HEALTH
FOR THE YEAR
1954

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H. M. DAVIES,

M.A., M.R.C.S., L.R.C.P., D.P.H.,

ASSISTANT COUNTY MEDICAL OFFICER:

DEVON COUNTY COUNCIL.

MEDICAL OFFICER OF HEALTH:

DAWLISH U.D.C.

NEWTON ABBOT R.D.C.

NEWTON ABBOT U.D.C.

TEIGNMOUTH U.D.C. AND

PORT HEALTH AUTHORITY.

COUNCIL OFFICES.

KINGSTEIGNTON ROAD,

NEWTON ABBOT.

TELEPHONE: NEWTON ABBOT 715/6.

DAWLISH URBAN DISTRICT COUNCIL

ANNUAL REPORT - 1954.

Mr. Chairman and Councillors,

Ladies and Gentlemen,

I present my Annual Report for the year ended the 31st. December, 1954.

The Death rate continues to be very much below the National level, especially after applying the Registrar General's factor for correction due to the fact that there are many more older people in this District than are to be found in the more populous parts of the Country.

The comparison of the Death rate of the District and of the Country as a whole for the past five years are of interest:-

| | <u>Dawlish.</u> | <u>England & Wales.</u> |
|------|-----------------|-----------------------------|
| 1950 | 8.57 | 11.6 |
| 1951 | 11.26 | 12.5 |
| 1952 | 8.78 | 11.3 |
| 1953 | 11.55 | 11.4 |
| 1954 | 9.09 | 11.3 |

Since the derationing of meat the question of the relicensing of the pre-war slaughterhouses had to be considered. I was of the opinion that it would be retrogressive from the Public Health point of view to allow slaughtering to recommence in one of these slaughterhouses in view of its location in the centre of the town. The Council considered, however, that there was a public need for the re-opening of slaughterhouses and licenses

expiring on the 31st. July, 1957 were granted in respect of two applicants.

During the year a large amount of time was devoted to visiting older people in the area who for some reason or other are not receiving adequate care and attention. The problem of the aged people becomes more acute as each year passes by, and, the difficulty of obtaining accommodation, either in the County Council's homes for such persons or even worse in the Geriatric Section of Hospitals, becomes desperate especially during the months of April, May and June.

One of the worst problems is due to the Administrative difficulties caused by there being two separate authorities dealing with those who need Hospital attention and those for whom no nursing is required. Cases arise from time to time of persons who have been kept at their homes and have, with periodic visits from the District Nurse, just managed to carry on. When the point arises where it is no longer possible for the person to stay in his home, a Hospital bed has to be found. The County Council's homes do not reckon to and are not staffed for the care of such persons. The Hospitals have a long waiting list of persons who would benefit from the facilities that only a Hospital can offer and rightly feel that a Hospital bed is being wasted by admitting such a patient for an indefinite period.

The logical solution to this problem would be for the duties of caring for the aged persons to be in the hands of one authority. A body such as this should be able to co-ordinate the work of the various organisations involved. First by increasing the scope of the help which can be provided in the patients own home, or perhaps by the organisation of a 'Boarding out' Service with private families as is done successfully in Exeter. The other major improvement which a unified authority could effect would be in the allocation of beds for the various types of patients and provision could also be made for those 'intermediate' cases who need only minimal Hospital treatment.

Another problem is the ever increasing number of campers who arrive in the district at the height of the holiday season. These campers are unable to find accommodation in sites which are equipped with the necessary water supply and sanitary conveniences and in consequence many fields which are unsuitable from the public health point of view are crowded with tents and

caravans for a period of about a month. Sanitation is at its most primitive when the risk of the spread of fly borne diseases, including poliomyelitis, is at its greatest.

The solution to this problem is not easy. This Council could issue Public Health licences for a limited period to landowners who would be prepared to offer the minimal requirements of a good water supply and sanitary accommodation for a period covering the peak of the holiday season - say about six to eight weeks. The Town and Country Planning Authority would almost certainly oppose the extension of camping sites in the way suggested on the grounds of amenity, but there can be no doubt that the popularity of this type of camping holiday is increasing annually and it is probable that more and more people will be coming to South Devon with their tents in each succeeding August. Having arrived, they will stay: If there are no adequate sanitary arrangements for them they will manage without, to the detriment of everyone, including the local ratepayer.

Samples of the District's Water Supplies have been submitted for bacteriological examination from time to time and on nearly every occasion satisfactory reports were received.

I should like to thank the Chairman, Councillors and all members of the staff for the help and co-operation received during the year.

I have the honour to be,

Your obedient Servant,



Medical Officer of Health.

December, 1955.

STATISTICS AND SOCIAL CONDITIONS OF THE AREA.

| | |
|--|----------|
| Area (in acres) | 6,091 |
| Population Mid 1954 | 7,090 |
| Population 1951 Census | 7,512 |
| Rateable Value as at 1st. January, 1954 | £ 52,120 |
| Rateable Value as at 31st. December, 1954 | £ 53,543 |
| Product of 1d. rate as at 1st. April, 1954 | £ 216 |

VITAL STATISTICS.

LIVE BIRTHS.

| | Male. | Female. | Total. |
|---|-------|---------|--------|
| Legitimate | 33 | 44 | 77 |
| Illegitimate | - | - | - |
| Crude Live Birth rate per 1000 total population | | | 10.86 |
| Corrected Live Birth rate per 1000 total population | | | 12.27 |
| Crude Live Birth rate Administrative County of Devon | | | 13.08 |
| Corrected Live Birth rate Administrative County of Devon | | | 14.91 |
| Live Birth rate per 1000 total population England and Wales | | | 15.2 |

STILL BIRTHS.

| | Male. | Female. | Total. |
|---|-------|---------|--------|
| Legitimate | 1 | - | 1 |
| Illegitimate | - | - | - |
| Still Birth rate per 1000 total population | | | 0.14 |
| Still Birth rate per 1000 total live and still births | | | 12.82 |
| Still Birth rate per 1000 total live and still births England and Wales | | | 23.4 |

DEATHS.

The average age at death, from all causes, was found to be 67.87 years. It is of interest to note that the average age of all male deaths was 65.76 years and for female deaths 69.93 years. This variance is much greater than is found in England and Wales where the average age for female deaths is only about two years higher than that for males.

| Male. | Female. | Total. |
|--|---------|--------|
| 46 | 46 | 92 |
| Crude Death rate per 1000 total population | | 12.98 |
| Corrected Death rate per 1000 total population | | 9.09 |
| Crude Death rate per 1000 total population | | |
| Administrative County of Devon | | 14.18 |
| Corrected Death rate per 1000 total population | | |
| Administrative County of Devon | | 10.49 |
| Death rate per 1000 total population England and Wales | | 11.3 |

Infant Mortality.

(Death of Infants under 1 year)

No deaths occurred in Infants under the age of one year, in this area, during 1954.

| | |
|---|-------|
| Infant Mortality rate (Death of Infants under One year) | |
| per 1000 related live births - Administrative County | |
| of Devon | 25.48 |
| Corresponding rate for England and Wales | 25.5 |

Neo-Natal Mortality.

(Death of Infants under Four weeks)

No deaths occurred in Infants under the age of four weeks, in this area, during 1954.

| | |
|--|-------|
| Neo-Natal Mortality rate (Death of Infants under Four weeks) | |
| per 1000 related live births - Administrative County | |
| of Devon | 16.79 |
| Corresponding rate for England and Wales | 17.7 |

DEATHS.

Maternal Mortality.

No maternal deaths have occurred during the past year. The Maternal Mortality rate for the Administrative County of Devon is 0.59, four cases having occurred within the County.

AGE AT DEATH.

| | Male. | Female. |
|--------------------------|----------------|----------------|
| Infants under four weeks | - | - |
| Infants under one year | - | - |
| 1 - | - | - |
| 5 - | 1 | - |
| 15 - | 2 | 2 |
| 25 - | 1 | 2 |
| 45 - | 15 | 13 |
| 65 - | 10 | 7 |
| 75 and over | 17 | 22 |
| | <hr/> 46 <hr/> | <hr/> 46 <hr/> |

Total: 92.

CAUSES OF DEATH.

| | Male. | Female. |
|--|---------------|---------------|
| All causes | 46 | 46 |
| Tuberculosis, respiratory | - | 1 |
| do. other | 1 | 1 |
| Other infective and parasitic diseases | - | 1 |
| Malignant neoplasm, stomach | 1 | 1 |
| Malignant neoplasm, lung, bronchus | 5 | - |
| | <hr/> 7 <hr/> | <hr/> 4 <hr/> |
| carried forward | 7 | 4 |

CAUSES OF DEATH (continued)

| | Male. | Female. |
|--|----------------|----------------|
| brought forward | 7 | 4 |
| Malignant neoplasm, breast | - | 3 |
| Other malignant and lymphatic neoplasms | 4 | 2 |
| Vascular lesions of nervous system | 4 | 8 |
| Coronary disease, angina | 12 | 3 |
| Hypertension with heart disease | 2 | 1 |
| Other heart disease | 8 | 13 |
| Other circulatory disease | 1 | 1 |
| Pneumonia | - | 1 |
| Bronchitis | 2 | 1 |
| Nephritis and nephrosis | - | 1 |
| Hyperplasia of prostate | 1 | - |
| Congenital malformations | 2 | - |
| Other defined and ill-defined diseases | 2 | 8 |
| Accidents (other than motor vehicle) | 1 | - |
| | <hr/> 46 <hr/> | <hr/> 46 <hr/> |

Total: 92.

INFECTIOUS DISEASES.

| | Male. | Female. | Total. |
|---------------------|----------------|----------------|----------------|
| Whooping Cough | 6 | 8 | 14 |
| Measles | 1 | 3 | 4 |
| Acute Poliomyelitis | 1 | - | 1 |
| Pneumonia | 6 | - | 6 |
| | <hr/> 14 <hr/> | <hr/> 11 <hr/> | <hr/> 25 <hr/> |

TUBERCULOSIS.

Seven cases of respiratory and one case of non-respiratory tuberculosis were notified during 1954. Details of cases are set out in the following table:-

| <u>AGE PERIODS.</u> | <u>CASES.</u> | | | |
|---------------------|---------------|----|---------------|----|
| | Pulmonary | | Non-pulmonary | |
| | M. | F. | M. | F. |
| Under five years | - | - | - | - |
| 5 - | - | - | - | - |
| 15 - | 1 | - | 1 | - |
| 25 - | 1 | 3 | - | - |
| 45 - | 2 | - | - | - |
| 65 and over | - | - | - | - |
| | 4 | 3 | 1 | - |

Total: 8.

HOUSING.

The construction of traditional Council housing continues at a steady pace as a result of which it has been possible to re-house several licensees of requisitioned premises, and to surrender these houses to the owners in accordance with Government policy.

One property only now remains on requisition in this District and this is likely to be released very shortly.

The Council's forward building programme provides for twenty bungalows mainly for the aged.

WATER SUPPLY.

Apart from some minor extensions the distribution area remained the same during the year. The cleaning of collection pipes at the lowland water gathering area at Duckaller continued during the year, thus avoiding the use of stream water.

WATER SUPPLY. (continued)

No restrictions of water supply were necessary during 1954.

SEWAGE AND SEWERAGE DISPOSAL.

Complaints continue to be received of fouling on beaches near the outfall. There were again complaints concerning the pollution of the stream at Cockwood.

The Council's Consulting Engineers and the County Council continued their proposals for ultimate removal of this nuisance and the extension of the sewer within the District.

NATIONAL ASSISTANCE ACTS, 1948 and 1951.

Official action under Section 47 of the National Assistance Acts, 1948 and 1951 was necessary in two cases during 1954.
